

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10-018,052	FILING DATE			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1						51	1			
2		1					52		1		
3		2					53	1			
4		0					54		1		
5		0					55		1		
6		0					56		1		
7		0					57		1		
8		0					58		1		
9		0					59		1		
10		0					60		1		
11		0					61		1		
12		0					62		1		
13		0					63		1		
14		0					64		1		
15		0					65		1		
16		0					66		1		
17	1						67	1			
18		1					68		1		
19		1					69				
20		1					70				
21		1					71				
22		1					72				
23		0					73				
24		0					74				
25		0					75				
26		0					76				
27	1						77				
28		1					78				
29		1					79				
30		1					80				
31		1					81				
32		1					82				
33		1					83				
34		1					84				
35		1					85				
36		1					86				
37		1					87				
38		1					88				
39		1					89				
40		1					90				
41		1					91				
42		1					92				
43		1					93				
44		1					94				
45		1					95				
46		1					96				
47		1					97				
48		1					98				
49		1					99				
50	1						100				
TOTAL IND.							TOTAL IND.	5			
TOTAL DEP.							TOTAL DEP.	37			
TOTAL CLAIMS							TOTAL CLAIMS	42			